

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008823

FILED
Jan 04, 2007
Secretary of State

Entity Name: NATIONAL EDUCATIONAL ACCREDITING ASSOCIATION OF THE COUNCIL OF CHURCHES OF THE YORK C.L.F., INC.

Current Principal Place of Business:

2280 NW 60 AVENUE
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

2280 NW 60 AVENUE
SUNRISE, FL 33313

New Mailing Address:

P.O. BOX 190538
FT. LAUDERDALE, FL 33319

FEI Number: 41-2065360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEREZ, VICTOR M
2280 NW 60 AVENUE
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PEREZ, VICTOR M D.D.
Address: 2280 NW 60 AVENUE
City-St-Zip: SUNRISE, FL 33313

Title: VP () Delete
Name: SANCHEZ, ISMAEL D.D.
Address: 872 FAIRMOUNT PLACE
City-St-Zip: BRONX, NY 10460

Title: SEC () Delete
Name: BURROUGHS, NANCY L MIN.D.
Address: 687 SO. 5TH STREET.
City-St-Zip: MT VERNON, NY 10550

Title: TRUS () Delete
Name: PEREZ, FRANCISCA D.R.E.
Address: 2280 N.W. 60TH AVE
City-St-Zip: SUNRISE, FL 33313

Title: TRUS (X) Delete
Name: RILEY, GEORGIA R MIN.D.
Address: 429 BIVINS ROAD
City-St-Zip: HILLSBOROUGH, NC 27278

Title: TRUS (X) Delete
Name: CHAPMAN, MICHAEL D D.D.
Address: 2031 MARYLAND AVE
City-St-Zip: BALTIMORE, MD 21218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: BURROUGHS, NANCY L MIN.D.
Address: 687 SO. 5TH STREET.
City-St-Zip: MT VERNON, NY 10550

Title: SEC (X) Change () Addition
Name: PEREZ, FRANCISCA D.R.E.
Address: 2280 N.W. 60TH AVE
City-St-Zip: SUNRISE, FL 33313

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR M PEREZ

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

Date